| | CLAIMS ONLY | | Application Number *10691573* | | Filing Date |

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
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46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep								Total Indep						
Total Depend								Total Depend						
Total Claims								Total Claims						